(b) The Government have constituted a Committee of experts to examine formulations moving in the market from the angle of safety, efficacy and rationality in the context of present knowledge. This is, however, a continuous process. As a result of this exercise, Government have so far banned 43 categories of formulations.

Death of Children Due to Heart Ailments

884. DR. RATNAKAR PANDEY : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether it is a fact that according to WHO statistics at least 60,000 kids die of heart ailments every year in the world ;

(b) what is the number of kids who die in India of such heart ailments every year and what is their percentage of the world-figures ; and

(c) the schemes under operation to prevent such deaths in India and the annual cost thereof ?

THE MINISTER OF HUMAN RESOURCE DEVELOPMENT (SHRI ARJUN SINGH) : (a) According to the World Health Organisation annual mortality due to rheumatic heart disease, thought under-reported, is put at 60,000.

(b) No epidemiological study has been done so far regarding the mortality among children due to heart ailments in India.

(c) At present there is no such scheme in operation. However, necessary facilities for treatment of heart ailments are available in most of the major hospitals in the country.

Population Growth

885. SHRI MENTAY PADMANABHAM : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether Government have disallowed the target of 1.2 population growth rate by yeai 2000 under the National Health Policy.

(b) what is the status of this target;

(c) whether this target of population growth is liekly to be achieved under-various family welfare programmes under implementation by year 2000 ; and

(ill if not, what are the reasons therefor ?

THE MINISTER OF HUMAN RESOURCE DEVELOPMENT (SHRI ARJUN SINGH) : (a) to (d) The National Health Policy (1983) has, *inter-alia,* laid down a goal of achieving the annual population growth rate of 1.2% by the year 2000 AD. Based on the latest provisional estimates of Birth and Death rates available for the year 1990 from the Sample Registration System of the Registrar General of India, the Natural Growth Rate works out to 2.03%. The Growth Rate has been remaining higher due to relatively steeper decline in Death Rate without commensurate decline in Birth Rale. Keeping in view the prevailing trends it has been recognised by the Planning Commission that the goal set for growth rate may not be achievable by 2000 AD. This is essentially due to prevailing high Birth Rate levels in sonic of the major States, the reasons for which are largely attributable to strong son preference, low female literacy rate, low age at marriage for females, high Infant Mortality Rate, lack of community participation, inadequacies in the quality and outreach of services, inadequacy of resources, lesser coverage of younger age couples with high fertility potential etc.

Health Care in Delhi

886. CHOWDHRY HARI SINGH : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether Government's attention has been drawn to a new report which appear ed in the "Hindustan Times" dated April 5, 1992 under the caption "Shocking neglect of health care in Delhi" ; and

(b) if so, what steps are being taken •'to improve the situation?

THE MINISTER OF HUMAN RESOURCE DEVELOPMENT (SHRI ARJUN SINGH) : (a) Yes, Sit.

(b) An action plan for control of Diarrhoeal disease including other water boTHe diseases in- Delhi has been Grawn up by Delhi Administration and circulated to all concerned agencies to ensure that these agencies attend to health care' pro-grarnrfle with full vigour and due attention. The status of water supply, chlorine content, garbage disposal, supply of ORS/ Cholerine is monitored by all the igeneies and once a month within Demi Administration, where joint inspection reports are considered and follow-up maintained.

Testing of High-Tech Kilted Polio Vaccines

887. SHRIMATI VEENA VERMA :
SHRI KAPIL VERMA :

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether it is a fact that high-tech injettible-Kiilea Polio Vaccine (KPV) is untler testing in India ;

(b) if so, what are the details thereof;

(c) whether Government are considering proposal to replace Oral Polio Vaccine (OPV) with KPV ;

(d) if so, the details thereof and if not what are the reasons therefor ;

(e) whether it is a fact that there is high percentage of drop out in OPV programme Which requires about 10 doses for effectivity ; and

(f) if so, what are the details thereof ?

THE MINISTER OF HUMAN RESOURCE DEVELOPMENT (SHRI ARJUN SINGH): (a) and (b) A feasibility study on use of a high tech injectable-killed Polio Vaccine is being condaeted in the North Arcot District of Tamil Nadu. This study is supported by ICMR, and being conducted by oiristian Medical College (CMC), Vellore. In one half of the North Areot District; KPV is administerd to children as Quadruple vaccine i.o. m combination with Diphtheria Feittisis and Tetanus *(DPTP)* in a 3 dose schedlrie at 2, 4, 9 months after birth *As a* contorl in other Half of the North Arcot Distrie; *Oral* Polio Vaccin is given to *infants it* a 3 dose sechedlue at 6*, 10* and- 14 Weeks after birth.

(C) and (d) There is no proposal to replace Oral PdlioVaccine (OPV) with KPV as OPV is the vaccine of? chotoe for eradication of poliomyelitis. The advantages' of using OPV include' its efficacy in replacing wild' Virus with Vaccine' virus in the enviroment low c6st and *ease* of administration. OPV alone can be used in control of out-breaks of poliomyelitis to prevent further spread of disease. Due to these advantages of OPV vis-a-vis. KPV, and the success achieved in eradicating Poliomyelitis in many European and Latin American countries with OPV. WHO also recommends exclusive use of OPV for eradication of poliomyelitis in developing countries.

(e) and (f) At present, 3 doses of OPV are given to children at 6, 10 and. 14 weeks after birth. An additional booster dose is given after 12 months of the completion of 3 dose primary schedule. Childran born in institutions are; given one additional dose of OPV at birtn. This schedule is effective in controlling Pdfcomyelitis. Average drop out rate between 1st and 3rd 4oses of OPV, calculated from *the* reported data was 16.1 per cent in 1990-91. While moving from the stage of control to eradication of poliomyelitis, additional doses of OPV are also grven while undertaking mopping up measures in high risk pofc&ts and containment measures in response to out breaks of Polibmyefitis.

Health Care Scenario

888. SHRI S. S. AHLUWALIA : Will the Minister Of HEALTH AND PAMIL\ WELFARE be pleased to state :

(a) whether it is a fact that theibqaltl care Scenario in the country registere*